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LUPUS ERYTHEMATOSUS: ITS AMENABILITY TO TREATMENT.[1]

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WHENEVER I present a case of lupus erythematosus to the students at my clinic I am in the habit of saying to them: Gentlemen, I show you an example of a disease which, although not incapable of recovery, is the most refractory to treatment of all cutaneous affections. I said this less positively, no doubt, when I first began to teach, and after forty years of observation of cases, of experimentation upon them, and of reading the experience of my colleagues all the world over with due reservation, I hold to-day the same well nigh hopeless opinion with regard to its curability; and this in spite of the endless list of remedies which have been used against it with the assurance on the part of their sponsors of their efficacy. If you examine the general treatises on dermatology published within this half of our century, you will find a repetition from earliest to latest of the same standard methods of treatment in all of them with ever-increasing additions. If you look into many special articles upon the subject written by dermatologists of note of all countries within the past ten years, you will be impressed by the great number of new remedies of wonderful power over the disease. It would seem on reading most of them as if there were no disease so favored in the happy means of control, and as if

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we had but to select any one out of this great abundance at hand to do our will with it. But those of us who lack this buoyant enthusiasm of the explorer in the ever new fields of inventive therapeutics, which taxes the ingenious skill of the modern synthetical chemist, recall that disheartening lesson of experience that new remedies are most effective in their period of nascent infancy, and that the curability of a disease is in inverse ratio to the length of the list of the means recommended for its cure. This rule determines in fact the exact place of lupus erythematosus in relation to cutaneous therapy. One may note in the discussions in two recent gatherings of dermatologists, national and international, concerning the treatment of this affection the same discrepancy of opinions with regard to certain new remedies: that what has been stated by the one man to be successful in the few cases has failed entirely with others in the many cases Indeed of most of what has been written and said of the action of individual remedies in the disease the serious criticism applies that the comparative percentage of cures and failures is never given.

I write in complete ignorance of the nature of the conclusions my colleague in the introductory presentation of the subject, Dr. Robinson, may offer for your consideration regarding the etiology of lupus erythematosus. When we arrive at any positive scientific basis of opinion upon this matter, and have exhausted the knowledge to be gained by the study of its anatomy, then we may possess the data for the foundation of a rational system of therapeutics for the disease. At present, in my opinion, we are ignorant of them. It is legitimate to offer a theory concerning the nature of a disease, and to proceed to experiment in treatment on such basis, and to draw conclusions from results in support of such assumption, so far as they are warranted. Unfortunately, this is rarely possible. We have so little positive knowledge of the specific action of drugs that we can seldom apply it, even in aid of diagnosis, far less safely throw light upon the obscure questions of etiology. Take as an illustration the confidence with which we appeal to the use of the iodid of potash in certain doubtful scaling dermatoses to assist us in determining whether they are psoriasis or cutaneous manifestations of syphilis. We all will confess, no doubt, how impossible it is at times to arrive at a positive diagnosis on the data then available, and how unquestionably we have accepted the results of this remedy upon the affected areas. If they have disappeared rapidly, why that proved that they were syphilitic in character. Now I no longer believe in the trustworthiness of this test, for my experience of the past two or three

years with regard to the influence of iodid of potassium over chronic areas of psoriasis has convinced me that it may cause them to disappear with the same marvelous rapidity as the syphilitic lesions they so puzzlingly simulate. Please note I do not say as surely, but frequently enough to destroy the value of the drug as a diagnostic test in such cases If now we must cease to draw positive conclusions in the case of a long known drug we have come to class as possessing specific power over certain cutaneous tissue changes, how can we draw reliable inferences from the action of new and untried remedies as to the nature of affections against which they are first used? Yet we have seen such conclusions confidently drawn from the use of the "tuberculins," old and new, in lupus erythematosus. Given a disease of unknown nature, a remedy of untested properties, productive of an unstudied action upon forms of cutaneous tuberculosis, a similar action, it may be, upon the former, *ergo* lupus erythematosus is a form of tuberculosis. Such methods of experimentation and inference under the name of science are hardly less puerile than the same conclusion would be from the fact that tuberculin and tuberculosis both begin with T. I would say nothing to discourage serious experimentation on this line, for I think it bears promise of infinite value, but let us wait until it has furnished us with sufficient and proper data, before attempting to apply them in the study of the etiology of cutaneous disease.

Concerning the real relations of lupus erythematosus to tuberculosis, I would say here that notwithstanding the evidence presented in favor of such connection by Professor Boeck in his recent paper, "Die Exantheme der Tuberculose" (*Archiv für Derm. und Syph.*, Bd. xlii, Heft 1) and by others, I cannot regard them of convincing weight. "Toxins" are at present a fascinating theory, but clinical proof for or against the theory of their existence and action must be appealed to on the grand scale to be conclusive.

One of the most significant facts demonstrated at the recent Lepra Conference at Berlin was that in those earliest cutaneous manifestations of the disease the prodromal erythematous areas, ascribed hitherto to toxin influence, bacilli have been recently found to be universally present, even in contiguous portions of the skin presenting no macroscopical changes.

I see no other way at present to approach the subject assigned to me by the courtesy of the Council than by the path of pure empiricism; to consider not what remedies are likely to be, but what remedies have been found to be of greatest benefit in the treatment of lupus erythematosus in the greatest number of cases. Of course the

old question raises itself at the start: Are we dealing with a so-called constitutional disease demanding general treatment, or is it a local affection to be overcome by external means directly applied? On the one hand Mr. Hutchinson says: "You will prescribe first for the patient, and secondly for the disease." At the other extreme, Kaposi's statement: "Only external remedies are of any avail." For myself I agree with the former so far, that attention to the general condition should never be neglected, and that restoration to a healthy state, if lacking in this respect, would be of material benefit upon the local affection while under external treatment, but no more so than such restoration would contribute in like manner to the improvement of any other local pathological process under local remedies. In other words I do not recognize the power of any remedy to exert specific control over the course of this disease. I do not believe, that is, that it can be positively predicted of any known drug that under its administration internally a series of cases of the disease will show progressive and material signs of improvement, or that real recovery would be effected in a single instance. Yet I find it asserted in the writings of dermatologists of recognized authority that the following remedies among others are of service when administered internally in this affection, even to the extent of a cure.

LIST A.

Lemon juice.
Cod-liver oil.
Liquor ammoniæ.
Ichthyol.
Chlorate of potash.
Iodid of potash.
Iodid of starch.
Iodoform.
Phosphorus.
Oleate of copper.
Arsenic.
Decoctum Zittmanni.
Ergotin.
Pyrotoxin.
Tuberculin,

and of latest date,

Salicin

which, Dr. Crocker states, when used with calamin lotion, cures the disease.

Now I am ready to accept any claims for the specific action of all these drugs when the following conditions are observed:

1. No other treatment shall have been employed for a considerable time before the trial begins, and there shall be no use of external remedies during the trial.

2. The experiment shall be conducted upon a considerable series of consecutive cases representing all types and grades of the affection. It shall extend over a continuous period of sufficient length to determine the positive or negative action of the drug employed, or until a cure be effected, or acknowledged to be hopeless, under it. Such a test can be best or only applied in hospital patients under complete control. In judging results it is not to be forgotten that spontaneous involution of the disease is by no means infrequent. Can any member present recall such a foundation for the claims made for any of the drugs cited as capable of curing the disease? Would it be unjust to say that they rest in the majority of instances upon results noted in a small number of cases under observation for short periods of time only, that local remedies were generally employed also, and that negative results and failures are rarely chronicled?

I offer no experience of my own based upon such exact methods of experimentation with regard to any of the list, but of the controlling action upon the course of the disease of those I have used, I have seen no reason to express a hopeful opinion.

And of the action of external remedies what shall I say? Can we speak more positively of their power over the disease? We may certainly claim to do so, I think, because we may study their action upon the diseased tissues directly. We can observe the changes which follow their application to one portion of an affected area, while the adjoining portion is left untreated, or we may apply several remedies to individual patches of the disease simultaneously, and watch the comparative results. We are not likely to misinterpret favorable changes which really follow such applications, however much we exaggerate them, or claim for them infallible powers from a too limited experience. That element of individual temperament can never be eliminated from the results of human observation.

But with all the positive knowledge thus gained of the action of external remedies, it remains a purely empirical one. Leaving out of the list those which destroy the diseased tissue, the caustics that is, and those which act mechanically, we cannot explain the reason of their action, nor infer *a priori* whether any untried agent will be of benefit or not. There are some fifty external agents recom-

mended for the treatment of the disease. We may make a rough classification of them, and say that some act mechanically, as scarification, curetting, and electrolysis; some are caustics, as strong acids, alkalies, and heat; some soothe, some stimulate, but concerning the great bulk of them we cannot characterize the action. Some of them are long in service; they survive because they are proved to be the fittest. Others are of modern introduction; their names even are strange to us, and we may not yet know or comprehend their chemical composition, and they are likely to be soon forgotten. Probably the most sanguine practitioner would not claim for any of them that they are always sure of working a cure. Certainly, the most experienced and critical would be obliged to confess that even the most reliable of them often fail to do any good at all. I present a list of the principal of them.

LIST B.

Soothing:

Washes: Hydrarg. submur., ʒ i; aq. calcis, oj. M.

Zinc. oxid, ℥ ss; glycerin, ʒ i; aq. calcis, ℥ viii. M

Calamin., ℥ ss; glycerin, ʒ ii; aquæ, ℥ viii. M.

(Boeck's) Talci, amyl, aa. ℥ iiss; glycerin, ℥ i; aq. plumbi, ℥ v. M. Liquor plumbi.

Ointments: Zinc. oxid, gr. x to xxx; adipis, ℥ i. M.

Bismuth. subnit., ʒ j; amyl., ʒ i; adipis, ℥ i. M.

Ung. diachyl.

Paste: Zinc. oxid, ʒ ss; amyl., ʒ iii; vaselin, ʒ v. M.

Stimulating:

Sulphur.

Potass. zinc. sulphid wash.

Iodin tincture, "iod-glycerin."

Mercury: oleate ammonio-chlorid ointment, iodid ointment, emplast. mercuriale, sublimate collodion.

Tar ointment.

Ol. cadinum.

Ichthyol.

Creosote.

Chrysarobin.

Salicylic acid, with soap plaster, with creosote plaster.

Liq. carbon. detergens.

Iodoform.

Benzolin.

Resorcin

Vigo plaster.
Fowler's solution.

Caustics:

Potash.
Lactic acid.
Carbolic acid.
Pyrogallic acid.
Glacial acetic acid.
Chloracetic acid.
Mineral acids.
Acid nitrate of mercury.
Nitrate of silver.
Arsenic.
Ethylate of sodium.
Blistering.
Thermocautery.

Mechanical:

Scarification, punctate, and linear.
Curetting.
Electrolysis.
Collodion.

Indefinite:

Tinctura ferri perchlorid.
Glyceral tannin.
Naphthol ointment.
Iodized phenol.
Hydronaphthol plaster.
Thilanin.
Pyoktanin.

Before making a choice from them in any case, we may find some guidance in our selection by the predominant lesions in the diseased areas present at the time. The most important of these features are: hyperemia, a tendency to recurrent dermatitis, folliculitis, scale formation, atrophy, and scar tissue. If the case present an inflammatory type, or if the patient's skin be easily excited by external impressions, the most soothing applications should alone be employed until such condition be allayed, and will bear, if needed, more stimulating remedies. They may be used with advantage from time to time in the course of every case to meet recurring conditions of hyperemia, either inherent to the affection or resulting from overstimulating treatment. The call for such interruptions in the use of more vigorous remedies should never be disregarded. In

cases of acute multiple type these milder measures are all that the skin will generally tolerate. In every case I think it judicious to try the action of soothing applications, or those which would be classed as mildly stimulating, at first, and, I may add, I often adhere to them throughout. I do not hesitate to say that I have derived far more benefit from them in the greater number of cases in the long run than from the most severe measures known to us. If we were obliged to give up nine-tenths of the agents upon the list presented, I would retain the mildest tenth of them as the most reliable. I should place upon this reserved list perhaps the following: black wash, the zinc oxid, calamine and Boeck's washes, and the zinc paste as preparatory or occasional applications, and sulphur ointment, or a zinc oxid and sulphur wash, white precipitate ointment, salicylated soap plaster (ten to twenty per cent.), and lactic acid as the subsequent and stimulating remedies. These and several other agents, which might be placed in the same class, as creosote, carbolic acid, pyrogallic acid, chrysarobin, and nitrate of silver are as severe measures as I resort to. They produce no subsequent scarring, and at this point I draw my line. I do not think we are justified in substituting for an affection upon so conspicuous a site as the face, which produces comparatively little disfigurement, the formation of permanent scar-tissue far more disfiguring, or at least in resorting to them before we have exhausted the list of applications which may do as well without such objectionable after-effects.

I must say that I have not tested the action of every agent on the lists, especially those most recently brought to our notice, and I have seldom used the mechanical methods, the curette and scarification, or the more destructive means, cauterization by mineral acids and heat, but I have subsequently treated not a few cases which have been thus treated by others, and cannot recommend their use. I have attempted in two cases to annihilate limited areas of the disease upon the trunk with fuming nitric acid by repeated applications, and have seen the process revive beyond the cicatrix in both instances. I know that some of my colleagues here have given high value to the Vidal method by scarification. I hope they will tell us if they retain this confidence in it, and if they have obtained by it many permanent cures.

I should place next upon my list of remedies, to be occasionally used when the milder means above mentioned have failed to act, those which have been of greatest service in my hands, iod-glycerin (iodin, pot. iod. aa ʒ i, glycerin, ʒ iv) and emplast. mercuriale.

When I speak of advising the use of this or that individual remedy or plan of treatment, what do I really mean? That they are capable of curing the disease, or what should I answer were I asked how many cases of lupus erythematosus have you cured in any way? I mean that these remedies produce sometimes a favorable impression upon the diseased skin, upon some portion only, it may be, of the affected area, if extensive, and that this effect is often temporary only, and that such partial or short-lived results are obtained moreover only by the long-continued, most persistent use of them. They often fail to act at all favorably, those even on which we place the greatest reliance, and it can never be predicted with certainty what the controlling action of any of them will be in any case. I mean that the number of complete and permanent cures which I can claim to have effected is sadly small. I do not reckon as cures cases which vanish from my observation, however much they may have improved whilst under it. The wonder is how great is the number of cases which continue to submit to your experimentation through long years of faithful attendance, while the failure or incomplete results of remedies are as palpable to them as to you.

Nevertheless, let us not despair of being able to say honestly some day to every patient: Yes, I can cure lupus erythematosus, instead of, as at present, I cannot promise to cure you, but it is worth while trying.